

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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# PHAPlans

PHAFISCALYEARS2000 -2004

“PHAFiscalYear1/01/2003through12/31/2003

WICOMICOCOUNTYHOUSINGAUTHORITY

**NOTE: THIS PHA PLAN TEMPLATE (HUD50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

2.

## PHA Plan Agency Identification

**PHAName:** WICOMICOCOUNTYHOUSINGAUTHORITY

**PHANumber:** MD014

**PHAFiscalYearBeginning:(mm/yyyy)** 01/2003

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:(select all that apply)**

- X Main administrative office of the PHA
- X PHA development management offices
- X PHA local offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at:(select all that apply)

- ☐ Main administrative office of the PHA
- ☐ PHA development management offices
- X PHA local offices
- X Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at:(select all that apply)

- X Main business office of the PHA 911 BOOTH STREET, SALISBURY, MD 21801
- X PHA development management offices 519 ALABAMA AVE., SALISBURY, MD 21801
- ☐ Other (list below)



**5-YEAR PLAN**  
**PHAF ISCAL YEARS 2000 -2004**  
 [24CFRPart903.5]

**A.Mission**

State the PHA's mission for serving the needs of low -income, very low income, and extremely low -income families in the PHA's jurisdiction. (select one of the choices below)

- X The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

The PHA's mission is: (state mission here)

**B.Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHA may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD -suggested objectives or their own, **PHAS ARE STRONGLY EN COURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS .** (Quantifiable measures would include target success: numbers of families served or PHAS scores achieved.) PHA should identify these measures in the space to the right of or below the stated objectives.

**1. HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- X. PHA Goal: Expand the supply of assisted housing  
 Objectives:

Apply for additional rental vouchers:

- X Reduce public housing vacancies: Our goal is to reach a 100% occupancy  
 PHA wide.  
☐ Leverage private or other public funds to create additional housing opportunities:  
 X Acquire or build units or developments  
☐ Other (list below)

- X PHA Goal: Improve the quality of assisted housing  
 Objectives:

X Improve public housing management: (PHA Score) MEASURABLE GOAL TO REACH 90%.

X Improve voucher management: (SEMAP score) MEASURABLE GOAL TO REACH 90%.

X Increase customer satisfaction: MEASURABLE GOAL – TO IMPROVE IN THE AREAS OF WORK ORDERS; TO MINIMIZE “CALLBACKS” BY EFFECTIVELY AND EFFICIENTLY COMPLETING WORK, TO LESS THAN 2 WORK ORDERS PER MONTH.

X Concentrate one effort to improve specific management functions: MEASURABLE GOAL – TO IMPROVE RESERVE LEVEL BY A MINIMUM OF 25% PER YEAR; TO HAVE OCCUPANCY PERSONNEL CERTIFIED. (list; e.g., public housing finance; voucher unit inspections)

- ☐ Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

X PHA Goal: Increase assisted housing choices

Objectives:

- ☐ Provide voucher mobility counseling:
- X Conduct outreach effort to potential voucher landlords
- ☐ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site -based waiting lists:
- ☐ Convert public housing to vouchers:

X Other: (list below) TO STRENGTHEN LANDLORD WITH RENTAL UNIT THAT MEET HQS, EXPLAIN THE BENEFITS OF THE VOUCHER PROGRAM.

## 2. HUD Strategic Goal: Improve community quality of life and economic vitality

X PHA Goal: Provide an improved living environment

Objectives:

- X Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Feb. 2003
- X Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: December 2004.
- X Implement public housing security improvements: Sheriff Department Patrols.

- ☐ Designated developments or buildings for particular resident groups (elderly, persons with disabilities)  
Other: (list below)

**3. HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

X PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:
- ☐ Provide or attract supportive services to improve assistance recipients' employability:
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.

X Other: (list below) TOPROVIDEORATTRACTSUPPORTIVE SERVICES TOIMPROVE ASSISTANCE RECIPIENTS' EMPLOYABILITY THROUGH TENANT ORIENTATION PROGRAM REQUIRED OF ALL IN-COMING ASSISTED HOUSING RESIDENTS: MEASURABLE GOAL BY SUCCESS OF VARIOUS PROGRAMS, TO INCLUDE THE GED PROGRAM.

**4. HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

4.X PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability: Waiting List applicant admission based on date/time only.
- ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability:
- ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below )

**Other PHA Goals and Objectives: (list below)**





**AnnualPHAPlan**  
**PHAFiscalYear2003**  
[24CFRPart903.7]

**i. AnnualPlanType:**

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

☒ **StandardPlan**

**StreamlinedPlan:**

- ☐ **HighPerformingPH A**
- ☐ **SmallAgency(<250PublicHousingUnits)**
- ☐ **AdministeringSection8Only**

☐ **TroubledAgencyPlan**

**ii. ExecutiveSummaryoftheAnnualPHAPlan**

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlightsofmajorinitiativesanddiscretionarypoliciesethePHAhasincludedintheAnnualPlan.

**WITHTHEHOUSINGNEEDSOFTHERESIDENTSOFWICOMICOCOUNTYIDENTIFIEDINTHEBODYOF THISPLAN,THEHOUSINGAUTHORITY'SMAINOBJECTIVEISTOASSISTRESIDENTSINSECURING DECENT,SAFE,ANDAFFORDABLEHOUSING.TOTHATEND,THEHOUSINGAUTHORITY,IN COMPLIANCEWITHTHESTATUTORYANDREGULATORYPROVISIONSPROVIDEDTHROUGHTHE DEPARTMENTOFHOUSINGANDURBANDEVELOPMENT,IN TENDSTOMAKEEVERYEFFORTIN ASSISTINGFAMILIESWITHTHEIRINDIVIDUALFAMILYNEEDS.**

**THE HOUSING AUTHORITY WILL, DURING THE YEAR 2003 AND ALL FUTURE YEARS, ACCOMPLISH A WIDE MIX OF INCOME LEVELS ASSISTED, IN ORDER TO LESSEN THE BURDEN ON MISSION OF SECURING, THROUGH PRIVATE PARTNERSHIPS AND THE COMMUNITY, ADDITIONAL HOUSING IN WICOMICO COUNTY.**

**iii. Annual Plan Table of Contents**

[24CFR Part 903.79(r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Required Attachments: Forwarded as attachments, Supporting Documents available for review.

- X Attachment   A  : Demographic Changes in Public Housing with site based waiting list.
- X Attachment   B  : 2003 Capital Fund Program Annual Statement
- X Attachment   C  : Community Service
- X Attachment   D  : Pet Policy
- X Attachment   E  : Resident membership of the PHA Governing Board.
- X Attachment   F  : Membership of the Resident Advisory Board
- X Attachment   G  : Mission and Goals progress statement.
- X Attachment   H  : Deconcentration of Poverty & Income Mixing.
- X Attachment   I  : Voluntary Conversion Required Initial Assessments
- X Attachment   J  : Most recent board - approved operating budget (Required Attachment for PHA's that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- ☐ PHA Management Organizational Chart
- ☐ FY2000 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan

- ☒ CommentsofResidentAdvisoryBoardorBoards(mustbeattachedifnotincludedinPHAPlantext)
- ☐ Other(Listbelow,providingeachattachmentname)

### Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.S

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and	Annual Plan: Eligibility, Selection, and Admissions

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Assignment Plan [TSAP]	Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA Board certification of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance</i> ; <i>No Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing	Annual Plan: Grievance Procedures

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	A&O Policy	
X	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
		Service & Self - Sufficiency
	Most recent self - sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self - Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi - annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.79(a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>
---



FamilyType	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income<=30% ofAMI	334	5	5	2	2	1	2
Income>3 0%but <=50%ofAMI	218	5	5	2	1	1	2
Income>50%but <80%ofAMI	145	5	5	2	5	1	2
Elderly	145	5	5	2	5	1	2
Familieswith Disabilities	27	5	5	2	5	1	2
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

Whats ourcesofinformationdidthePHAusetoconductthisanalysis?(Checkallthatapply;allmaterialsmustbemadeavailableforpublic inspection.)

- ☐ ConsolidatedPlanoftheJurisdiction/s  
Indicateyear:
- ☐ U.S.Censusdata:theComprehensiveHousingAffordabilityStrategy(“CHAS”)dataset
- ☐ AmericanHousingSurveydata  
Indicateyear:
- ☐ Otherhousingmarketstudy  
Indicateyear:
- X Othersources:(listandindicateyearofinformation)

THE SOURCE OF INFORMATION USED TO CONDUCT THIS ANALYSIS CAME FROM THE AUTHORITY'S WAITING LIST INFORMATION, AS WELL AS INFORMATION FROM THE MARYLAND DEPARTMENT OF COMMUNITY DEVELOPMENT PERTAINING TO THE DIAN INCOME FOR THIS AREA OF \$47,800 PER 2 -PERSON HOUSEHOLD (1999 ISSUE).

### B. Housing Needs of Families on the Public Housing and Section 8 Tenant

### -Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s  
separate tables for site -based or sub -jurisdictional public housing waiting lists at their option.

. Complete one table for each type of PHA

-wide waiting list administered by the PHA.

PHAs may provide

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) Section 8 tenant -based assistance <input type="checkbox"/> Public Housing <input checked="" type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site -Based or sub -jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total			
PUBLIC HOUSING	266		201
SECTION 8 CITY	191		15
SECTION 8 CTY.	186		12
Extremely low income <= 30% AMI			
PUBLIC HOUSING	206	77%	
SECTION 8 CITY	170	89%	
SECTION 8 CTY.	120	65%	
Very low income			

<b>HousingNeedsofFamiliesontheWaitingList</b>			
(>30%but<=50% AMI) PUBLICHOUSING SECTION8CITY SECTION8CTY.	50 15 40	19% 08% 22%	
Lowincome (>50%but<80% AMI) PUBLICHOUSING SECTION8CITY SECTION8CTY.	10 06 26	04% 03% 14%	
Families with children PUBLICHOUSING SECTION8CITY SECTION8CTY	196 160 145	72% 84% 81%	
Elderlyfamilies PUBLICHOUSING SECTION8CITY SECTION8CTY.	70 31 18	26% 16% 10%	
Familieswith Disabilities PUBLICHOUSING SECTION8CITY SECTION8CTY.	04 22 23	13% 12% 12%	
Race/ethnicity PUBLICHOUSING	AMER.INDIANS		

HousingNeedsofFamiliesontheWaitingList			
	3 BLACK...235 WHITE...28 HISPANIC...0	01% 88% 11%	
Race/ethnicity SECTION8CITY	AMER.INDIANS1 BLACK...155 WHITE...33 IRANIAN...2	01% 81% 17% 01%	
Race/ethnicity SECTION8 COUNTY	HISPANIC....1 BLACK...156 WHITE...29	01% 84% 16%	
Characteristicsby BedroomSize (PublicHousing Only)			
1BR	70	26%	
2BR	68	26%	
3BR	57	21%	
4BR	15	06%	
5BR	04	02%	
5+BR			

Housing Needs of Families on the Waiting List	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes:	
How long has it been closed (# of months)?	
Does the PHA expect to re-open the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes	

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list. Agency's reasons for choosing this strategy.

IN THE UPCOMING YEAR, and the

#### (1) Strategies

#### Need: Shortage of affordable housing for all eligible populations

#### Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☐ Employ effective maintenance and management policies to minimize the number of public housing units off -line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease -uprates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

- ☐ Maintain or increase section 8 lease -uprates by effectively screening Section 8 applicants to increase owner acceptance of program  
☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies  
☐ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- X Apply for additional section 8 units should they become available  
☐ Leverage affordable housing resources in the community through the creation of mixed -finance housing  
☐ Pursue housing resources other than public housing or Section 8 tenant -based assistance.  
☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30% of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing  
☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant -based section 8 assistance  
☐ Employ admissions preferences aimed at families with economic hardships  
 X Adopt rent policies to support and encourage work  
☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working  
 X Adopt rent policies to support and encourage work

☐ Other:(list below)

### **Need:SpecificFamilyTypes:TheElderly**

#### **Strategy1: Targetavailableassistancetotheelderly:**

Selectallthatapply

- ☐ Seekdesignationofpublichousingfortheelderly
- X Applyforspecial -purposevoucherstargetedtotheelderly,should theybecomeavailable
- ☐ Other:(listbelow)

### **Need:SpecificFamilyTypes:FamilieswithDisabilities**

#### **Strategy1: TargetavailableassistancetoFamilieswithDisabilities:**

Selectallthatapply

- ☐ Seekdesignationofpublichousingforfamilieswithdisabilities
- X Carryoutthemodificationsneededinpublichousingbasedonthesection504NeedsAssessmentforPublicHousing
- ☐ Applyforspecial -purposevoucherstargetedtofamilieswithdisabilities,shouldtheybecomeavailable
- ☐ Affirmativelymarkettolocalnon -profitagenciesthatassistfamilieswithdisabilities
- X Other:(listbelow):Anewneedsassessmentwillbeconductedonallfour(4)projectsandwaitinglistforthisHousing Authority.

### **Need:SpecificFamilyTypes:Racesorethnicitieswithdisproportionatehousingneeds**

#### **Strategy1:IncreaseawarenessofPHAresourcesamongfamiliesofracesandethnicitieswithdisproportionateneeds:**

Selectifapplicable

- ☐ Affirmativelymarkettoraces/ethnicitiesshowntohavedisproportionatehousingneeds
- ☐ Other:(listbelow)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☒ Counsel section 8 tenants to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty/minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)****(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

**2. Statement of Financial Resources**

[24 CFR Part 903.79(b)]



List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant-based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing support services, Section 8 tenant-based assistance, Section 8 support services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2003 grants)</b>		
a) Public Housing Operating Fund	375,612.00	
b) Public Housing Capital Fund	504,984.00	
c) HOPEVI Revitalization		
d) HOPEVI Demolition		
e) Annual Contributions for Section 8 Tenant -Based Assistance	1,150,556.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self - Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
2001	422,133.00	Federal grants & CFP funds

<b>FinancialResources: PlannedSourcesandUses</b>		
<b>Sources</b>	<b>Planned\$</b>	<b>PlannedUses</b>
2002	504,984.00	
<b>3.PublicHousingDwellingRental Income</b>	406,160.00	OPERATING
<b>4.Otherincome</b> (listbelow)	6,714.00	OPERATING
PUBLICHOUSINGNON - DWELLINGINCOME	665.00	OPERATING
<b>PUBLICHOUSINGINTEREST INCOME</b>	4,653.00	OPERATING
<b>4.No n-federalsources</b> (listbelow)		
<b>Totalresources</b>	3,376,461.00	

### **3.PHAPoliciesGoverningEligibility,Selection,andAdmissions**

[24CFRPart903.79(c)]

## A. Public Housing

Exemptions: PHA that do not administer public housing are not required to complete subcomponent 3A.

### (1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☒ When families are within a certain number of being offered a unit: (state number) Within 3 months
- ☒ When families are within a certain time of being offered a unit: (state time) Within 3 months.
- ☐ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing? (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC -authorized source)

### (2) Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list? (select all that apply)

- ☐ Community-wide list
- ☐ Sub-jurisdictional lists
- ☒ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

☒ PHA main administrative office

☒ PHA development site management office AND THE ALABAMA V E. SECTION 8 OFFICE.

☐ Other (list below)

c. If the PHA plan to operate one or more site -based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site -based waiting lists will the PHA operate in the coming year? 2

2. ☐ Yes ☒ No: Are any or all of the PHA's site -based waiting lists new for the upcoming year (that is, they are not part of a previously approved site-based waiting list plan)? -HUD-  
If yes, how many lists?

3. ☒ Yes ☐ No: May families be on more than one list simultaneously?  
If yes, how many lists? 2

4. Where can interested persons obtain more information about and sign up to be on the site -based waiting lists (select all that apply)?

☒ PHA main administrative office

☒ All PHA development management offices

☒ Management offices at developments with site -based waiting lists

☒ At the development to which they would like to apply

☐ Other (list below)

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One  
☐ Two  
☒ Three or More

b. X Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

#### **(4) Admissions Preferences**

a. Income targeting:

☐ Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfer take precedence over new admissions? (list below)

- X Emergencies  
X Overhoused  
X Underhoused  
X Medical justification  
X Administrative reasons determined by the PHA (e.g., to permit modernization work)  
Resident choice: (state circumstances below)  
☐ Other: (list below)

c. Preferences

1. X Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- X Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- X Victims of domestic violence
- X Substandard housing
- X Homelessness
- X High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

Former Federal preferences:

- 6 Involuntary Displacement (Disaster, Government Action, Action of Housing  
Owner, Inaccessibility, Property Disposition)
- 4 Victims of domestic violence
- 3 Substandard housing
- 2 Homelessness
- 5 High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- X Not applicable: the pool of applicant families ensure that the PHA will meet income targeting requirements

**(5) Occupancy**

- a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)
- X The PHA - resident lease
- X The PHA's Admissions and (Continued) Occupancy policy

- X PHA briefing seminars or written materials  
☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- X At an annual reexamination and lease renewal  
 X Anytime family composition changes  
 X At family request for revision  
 X Other (list)

#### **(6) Deconcentration and Income Mixing**

a. X Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. X Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

Deconcentration Policy for Covered Developments
---



<b>DevelopmentName :</b>	<b>Number ofUnits</b>	<b>Explanation(ifany)[seestep4at §903.2(c)(1)(iv)]</b>	<b>Deconcentrationpolicy(if noexplanation)[seestep5 at §903.2(c)(1)(v)]</b>
Ifyes,listthese developmentsas follows:			
BoothStreet	100	N/A	SeeAttachedPolicy
ScatteredSites	90	“	““““
NewHomes	12	“	““““

BASEDONTHERESULTSOFTHEREQUIREDANALYSIS,THEBOOTHSTREETTOWNHOUSEDEVELOPMENT,MD14/1,WILLBE TARGETTOMAKESPECIALEFFORTSTOATTRACTORRETAINHIGHERINCOMEFAMILIES

## B.Section8

Exemptions:PHAsthatdonotadministersection8arenotrequiredto completesub  
**Unless otherwise specified, all questions in this section apply only to the tenant voucher program, certificates).**

-component3B.

-basedsection8assistanceprogram(vouchers,anduntilcompletelymergedintothe

### (1)Eligibility

a. WhatistheextentofscreeningconductedbythePHA?(selectallthatapply)

- X Criminalordrug -relatedactivityonlytotheextentrequiredbylaworregulation  
☐ Criminalanddrug -relatedactivity,moreextensivelythanrequiredbylaworregulation

- ☐ More general screening than criminal and drug -related activity (list factors below)
- ☐ Other (list below)

b. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC -authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug -related activity
- X ☒ Other (describe below) Tenant housekeeping, rental pay history.

## **(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant -based assistance waiting list merged? (select all that apply)
- X ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project -based certificate program
- ☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant -based assistance? (select all that apply)

- X ☒ PHA main administrative office AND 519 ALABAMA AVE.
- ☐ Other (list below )

**(3)SearchTime**

a.X Yes ☐ No: Does the PHA give extensions on standard 60 -day period to search for a unit?

If yes, state circumstances below: THE PHA DOES GIVE EXTENSIONS ON STANDARD 60 -DAY PERIOD TO SEARCH FOR A UNIT, PROVIDED THE FAMILY CAN SUBMIT EVIDENCE THAT A UNIT CANNOT BE FOUND, OR THAT OTHER EXTENUATING CIRCUMSTANCES HAVE PREVENTED THE FAMILY FROM LOCATING A UNIT.

**(4)AdmissionsPreferences**

a. Income targeting

☐ Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1.X Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant -based assistance? (other than date and time of application) (if no, skip to subcomponent **(5)Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- X Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- X Victims of domestic violence
- X Substandard housing
- X Homelessness
- X High rent burden (rent is > 50 percent of income)

## Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

## Former Federal preferences

- 3 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 6 Victims of domestic violence
- 5 Substandard housing
- 2 Homelessness
- 4 High rent burden

## Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction

- ☐ Those enrolled currently in educational, training, or upward mobility programs  
☐ Households that contribute to meeting income goals (broad range of incomes)  
☐ Households that contribute to meeting income requirements (targeting)  
☐ Those previously enrolled in educational, training, or upward mobility programs  
☐ Victims of reprisals or hate crimes  
☐ Other preference(s) (list below)

4. Among applicants on the waiting list with the equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application  
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- ☒ This preference has previously been reviewed and approved by HUD  
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preference to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers  
☒ Not applicable: the pool of applicant families ensure that the PHA will meet income targeting requirements

### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admission to any special program administered by the PHA contained? (select all that apply) -purpose section 8

- ☒ The Section 8 Administrative Plan  
☐ Briefing sessions and written materials

X Other(listbelow)WedonothavespecialpurposeSection8vouchers.

b. HowdoesthePHAannouncetheavailabilityofanyspecial -purposesection8programstothe public?

X Throughpubli shednotices

☐ Other(listbelow)

#### **4.PHARentDeterminationPolicies**

[24CFRPart903.79(d)]

#### **A.PublicHousing**

Exemptions:PHAsthatdonotadministerpublichousingarenotrequiredto completesub -component4A.

#### **(1)IncomeBasedRentPolicies**

DescribethePHA'sincomebasedrentsettingpolicy/iesforpublichousingusing,includingdiscretionary(that is,notrequiredbystatuteorregulation)incomedisregardsand exclusions,intheappropriatespacesbelow.

a.Useofdisc retionarypolicies:(selectone)

X ThePHAwillnotemployanydiscretionaryrent -settingpoliciesforincomebasedrentinpublichousing.Income -basedrentsaresetatthe higherof30%ofadjustedmonthlyincome,10%ofunadjustedmonthlyincome,the welfarerent,orminimumrent(lessHUDmandatory deductionsandexclusions).(Ifselected,skiptosub -component(2))

---or---

☐ ThePHAemploysdiscretionarypoliciesfordeterminingincomebasedrent(Ifselected,continuetquestion b.)

## b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☒ \$1-\$25  
☐ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below :

## c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member  
☐ For increases in earned income  
☐ Fixed amount (other than general rent -setting policy)  
     If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent -setting policy)  
     If yes, state percentage/s and circumstances below:

- ☐ Forhouseholdheads
- ☐ Forotherfamilymembers
- ☐ Fortransportationexpenses
- ☐ Forthenon -reimbursedmedicalexpensesofnon -disabledornon -elderly families
- ☐ Other(describellow)

#### e.Ceilingrents

1. Doyouhaveceilingrents?(rentssetatalevellowerthan30%ofadjustedincome)(selectone )

- ☐ Yesforalldevelopments
- ☐ Yesbutonlyforsomeddevelopments
- X No

2. Forwhichkindsofdevelopmentsareceilingrentsinplace?(selectallthatapply)

- ☐ Forallddevelopments
- ☐ Fora llgeneraloccupancydevelopments(notelderlyordisabledorelderlyonly)
- ☐ Forspecifiedgeneraloccupancydevelopments
- ☐ Forcertainpartsofdevelopments;e.g.,thehigh -riseportion
- ☐ Forcertainsizeu nits;e.g.,largerbedroomsizes
- ☐ Other(listbelow)

3. Selectthespaceorspacesthatbestdescribehowsyouarriveatceilingrents(selectallthatapply)

- ☐ Marketcomparabilitystudy



- ☐ Fairmarketrents(FMR)
- ☐ 95<sup>th</sup>percentilerents
- ☐ 75percentofoperatingcosts
- ☐ 100percentofoperatingcostsforgeneraloccupancy(family)developments
- ☐ Operatingcostsplusdebt service
- ☐ The“rentalvalue”oftheunit
- ☐ Other(listbelow)

f. Rentre -determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- X Anytime the family experiences an income increase
- ☐ Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- ☐ Other (list below)

g. ☐ Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market -based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- X Thesection8rentreasonablenessstudyofcomparablehousing
- X Surveyofrentslistedinlocalnewspaper

- ☐ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

## B. Section 8 Tenant - Based Assistance

Exemptions: PHA that do not administer Section 8 tenant -based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant -based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Payment Standards

Describe the voucher payment standards and policies .

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☐ 100% of FMR
- X Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- X FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- X To increase housing options for families
- ☐ Other (list below)

d. How often are repayment standards reevaluated for adequacy? (select one)

☒ Annually EVALUATED ANNUALLY BY CDA

☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

☒ Success rates of assisted families

☒ Rent burden of assisted families

☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

☐ \$0

☒ \$1-\$25

☐ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.79(e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete

parts A, B, and C (2)

**A.PHAManagementStructure**

Describe the PHA's management structure and organization.

(select one)

☐ An organization chart showing the PHA's management structure and organization is attached.

X A brief description of the management structure and organization of the PHA follows:

EXECUTIVE DIRECTOR - REPORT TO THE BOARD OF COMMISSIONERS

THE FOLLOWING EMPLOYEES REPORT TO THE EXECUTIVE DIRECTOR

DEPUTY DIRECTOR

SECTION 8 COORDINATORS & P/T

OCCUPANCY SPECIALIST

ADMINISTRATIONS SPECIALIST/ACCOUNTANT

GENERAL SERVICE SECRETARY

TAX CREDIT PROGRAM/OCCUPANCY SPECIALIST

MAINTENANCE SUPERVISOR

MAINTENANCE MECHANICS

MAINTENANCE AIDS

**B. HUD Programs Under PHA Management**

— List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	277	50
Section 8 Vouchers		
CITY PROGRAM	181	25
COUNTY PROGRAM	126	19

Section 8 Certificates CITY PROGRAM	0	
COUNTY PROGRAM	0	
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs (list individually)		

### C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

- a. Admissions & Occupancy Policy
- b. Tenant Lease

(2) Section 8 Management: (list below)

- a. Administrative Plan
- b. Tenant Contract
- c. Landlord Contract

## **6. PHA Grievance Procedures**

[24CFR Part 903.79(f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6, Section 8 - Only PHAs are exempt from sub - component 6A.

### **A. Public Housing**

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA offices should residents or applicants stop public housing using contact to initiate the PHA grievance process? (select all that apply)

- X PHA main administrative office  
 X PHA development management offices  
☐ Other (list below)

### **B. Section 8 Tenant -Based Assistance**

1. Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant -based assistance program and informal hearing procedures for families assisted by the Section 8 based assistance program in addition to federal requirements found at 24CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA offices should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.79(g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD Form 52837.

Select one:

- ☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan as Attachment (state name) Maryland  
 -or-  
☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert there)

**Annual Statement**  
**Capital Fund Program (CFP ) Part I: Summary**

Capital Fund Grant Number MD06P01450103 FFY of Grant Approval: 2003

X ☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non -CGP Funds	
2	1406 Operations Non Dwelling Rental/Court Cost	20,220.00
3	1408 Management Improvements/Travel & Training	25,000.00
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	20,000.00
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	320,337.00
11	1465.1 Dwelling Equipment -Nonexpendable	
12	1470 Non dwelling Structures	
13	1475 Non dwelling Equipment	6,500.00
14	1485 Demolition	
15	1490 Replacement Reserve	



	Vehicle(van)	
16	1492MovingtoWorkDemonstration	
17	1495.1RelocationCosts	
18	1498ModUsedforDevelopment	
19	1502Contingency	
20	<b>AmountofAnnualGrant(Sumoflines2 -19)</b>	392,057.00
21	Amountofline20RelatedtoLBPActivities	
22	Amountofline20RelatedtoSection504Compliance	
23	Amountofline20RelatedtoSecurity	0
24	Amountofline20 RelatedtoEnergyConservation Measures	0

## AnnualStatement

## CapitalFundProgram(CFP)PartII:SupportingTable

GeneralDescriptionofMajorWork Categories2003	014-00 BoothStreet 14/1 Quantity	Development Account Number	Total Estimated Cost
1.FurnaceRoomRenovation	100ea.	1460	40,000.00

A&E		1430	5,000.00
2.ReplacementofutilityRoomDoors& Framing	100ea.	1460	45,000.00
A&E3.		1430	2,500.00
Riverside Homes 14/2 Quantity			
1. Additional Security Lights		1460	62,000.00
2. Storm Door Replacement	75 ea.	1460	45,000.00
A & E		1430	2,000.00
3. Closet Door Replacement	75 ea.	1460	44,704.00
A & E		1430	2,500.00
Furnace Room Renovations	75 ea.	1460	30,383.00
A& E		1430	3,000.00
Grass mower	1 ea.	1475	6,500.00
Scattered Sites 14/5			
Kitchen Cabinets Replacements	90 ea.	1460	53,250.00
A & E		1430	5,000.00
Travel & Training	PHA WIDE	1408	25,000.00
Non-dwelling Rental/Court Cost	PHA WIDE	1406	20,220.00

	TOTAL	392,927.00
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## ANNUAL STATEMENT

**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
MD 14/1, 14/2 & 14/5	09/16/05	09/16/07

**(2) Optional 5 -Year Action Plan**

Agencies are encouraged to include a 5 -Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD -52834.

a.XYesNo:IsthePHAprovidinganoptional5 -YearActionPlanfortheCapitalFund?(ifno,skiptosub -component7B)

b.If yestoquestiona,selectone:

☐ TheCapitalFundProgram5 -YearAction PlanisprovidedasanattachmenttothePHAPlanatAttachment(statename  
-or-

### WICOMICOCOUNTYHOUSINGAUTHORITY

☐ TheCapitalFundProgram5 -YearActionPlanisprovidedbelow:(ifselected,copytheCFPOptional5 YearActionPlanfromtheTable  
Libraryandinsertthere)

Optional5 -YearActionPlanTables			
Development Number	DevelopmentName (orindicatePHAwide)	Number Vacant Units	% Vacancies inDevelopment
SEEBELOW	PHAWIDE	0	
DescriptionofNeededPhys icalImprovementsorManagement Improvements			Estimated Cost
MD14/1YEAR2004			
CONCRETEREPAIRS			75,383.00
SIDINGREPLACEMENT(10BUILDINGS)			228,400.00
DUMPSTERENCLOSURERENOVATONS(DESIGN)			20,000.00
MD14/2YEAR2004			
CONCRETEREPAIRS			60,000.00
LANDSCAPING -RE -SEEDING			15,000.00

<b>MD14/5YEAR2004</b>  <b>RE-SEEDING YARDS</b> <b>UTILITY SHED REPLACEMENT W/ CONCRETE PAD</b> <b>A&amp;E FEES</b> <b>TOTAL</b>	<b>28,000.00</b> <b>67,950.00</b> <b>22,400.00</b> <hr/> <b>517,133.00</b>
<b>MD14/2YEAR2005</b>  <b>AIR CONDITIONER REPLACEMENT IN ADMINISTRATION</b> <b>BUILDING, COMMUNITY ROOM &amp; LAUNDRY ROOM.</b>	<b>506,383.00</b>
<b>MD14/5YEAR2005</b>  <b>FULL WINDOW REPLACEMENTS, 90 UNITS</b>  <b>TOTAL</b>	<b>10,750.00</b>  <b>517,133.00</b>

<b>PHA WIDE YEAR 2006</b>	
<b>COMPUTER REPLACEMENT</b>	<b>25,000.00</b>
<b>TRAVEL &amp; TRAINING</b>	<b>25,000.00</b>
<b>ADMINISTRATIVE SALARIES (EXECUTIVE DIRECTOR, DEPUTY DIRECTOR &amp; MAINTENANCE SUPERVISOR)</b>	<b>51,713.00</b>
<b>MD 14/1 YEAR 2006</b>	
<b>NEW PLAYGROUND EQUIPMENT (TWO LOCATIONS)</b>	<b>25,150.00</b>
<b>MD 14/2 YEAR 2006</b>	
<b>SEAL COAT PARKIN GAREA</b>	<b>8,000.00</b>
<b>REPLACE PLUMBING/DRAIN SYSTEM UNDER BUILDINGS</b>	<b>150,000.00</b>
<b>A&amp;E</b>	<b>7,500.00</b>
<b>RENOVATION OF 11 EA. ADDITIONAL UNITS TO COMPLY WITH 504 REQUIREMENTS</b>	<b>169,370.00</b>
<b>A&amp;E</b>	<b>5,000.00</b>
<b>MD 14/6 YEAR 2006 12 UNITS</b>	
<b>STORAGE SHED REPLACEMENT WITH CEMENT PADS (4,000.00)</b>	<b>48,000.00</b>
<b>A&amp;E FEES</b>	<b>2,400.00</b>
<b>TOTAL</b>	<b>517,133.00</b>
<b>PHA WIDE YEAR 2007</b>	
<b>Replace Carpet Booth Street Office</b>	<b>8,000.00</b>
<b>Renovate Booth Street Lobby area</b>	<b>2,000.00</b>
<b>Replace Carpet Riverside Homes Office</b>	<b>5,000.00</b>
<b>Community Room Table &amp; Chairs (14/1 &amp; 14 /2)</b>	<b>4,000.00</b>
<b>Vehicles for employee use</b>	<b>40,000.00</b>
<b>Travel &amp; Training</b>	<b>25,000.00</b>

<b>MD14/1YEAR2007</b>	
<b>LOCKSONATTICDOORS(2eachoneachdoor)200ea.</b>	<b>1,000.00</b>
<b>PAINTINTERIOROFUNITS100EA</b>	<b>6,500.00</b>
<b>SEALCOATPARKINGLOTS,MARKINGPARKSPACES&amp;UNIT NUMBERS</b>	<b>25,000.00</b>
<b>IDENTIFICATIONSIGNS&amp;NUMBERSFORCOMPLEX</b>	<b>8,000.00</b>
<b>REPLACEPLAYGROUNDEQUIPMENT</b>	<b>25,000.00</b>
<b>RE-GRADELAWNS -RESEEDYARDS</b>	<b>3,500.00</b>
<b>REPLACEHEATVENTS(100EA.)</b>	<b>6,000.00</b>
<b>NEWMAILBOXES(100UNITS)</b>	<b>16,000.00</b>
<b>MD14/2YEAR2007</b>	
<b>CENTRALAIRCONDITIONERS(75UNITS).</b>	<b>50,000.00</b>
<b>NEWELECTRICALSYSTEM</b>	<b>20,000.00</b>
<b>FURNACEREPLACEMENT</b>	<b>35,000.00</b>
<b>MD14/5YEAR2007</b>	
<b>UPGRADEDRIEWAY S/FILLINHOLES90EA.</b>	<b>20,000.00</b>
<b>REPLACEBATHROOMEXHAUSTFANS(90EA.)</b>	<b>3,000.00</b>
<b>REPLACEFURNACESONWESTRD.(12UNITS)</b>	<b>30,000.00</b>
<b>NEWADDRESSNUMBERPLATES(90UNITS)</b>	<b>200.00</b>
<b>CENTRALAIRCONDITIONERS(90UNITS)</b>	<b>50,000.00</b>
<b>BATHROOMCABINETS,UNDERSINK,REPLACEMEDICINE CABINETS(90UNITS).</b>	<b>10,000.00</b>
<b>MD14/6 YEAR200712UNITS</b>	
<b>FURNACEREPLACEMENT</b>	<b>63,933.00</b>
<b>CENTRALAIRCONDITIONERS</b>	<b>60,000.00</b>

<b>TOTAL</b>	<b>517,133.00</b>
<b>Totalestimatedcostovernext5years</b>	<b>2,068,532.00</b>

### **CapitalFundProgram(CFP)PartIII:ImplementationSchedule**

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<b>Development Number/Name HA-WideActivities</b>	<b>AllFundsObligated (QuarterEndingDate)</b>	<b>AllFundsExpended (QuarterEndingDate)</b>
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<b>Year2004 MD14/1,14/2&amp;14/5</b>	<b>12/31/06</b>	<b>12/31/08</b>
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<b>Year2005 MD14/2&amp;14/5</b>	<b>12/31/07</b>	<b>12/31/09</b>
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<b>Year2006 MD14/1,14/2&amp;14/ 6</b>	<b>12/31/08</b>	<b>12/31/10</b>
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**Year 2007**                      **12/31/09**  
**MD14/1,14/2,14/5&14/6**

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**12/31/11**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P01450101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )           X Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P01450101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) X Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
2.	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,500.00	-0-		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	492,633.00	-0-		
11	1465.1 Dwelling Equipment — Nonexpendable		-0-		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	517,133	-0-		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance		-0-		
24	Amount of line 21 Related to Security – Soft Costs				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> Wicomico County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MD06P01450101 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <b>X Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures		-0-		

## PartII:SupportingPages

[illegible]

## PartII:SupportingPages

[illegible]

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgram ReplacementHousingFactor(CFP/CFPRHF)</b> <b>PartII:SupportingPages</b>								
PHAName: WicomicoCountyHousingAughority			<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: MD06P01450101 ReplacementHousingFactorGrantNo:			FederalFYofGra nt: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousing Factor(CFP/CFPRHF)</b> <b>PartIII:ImplementationSchedule</b>							
PHAName:WicomicoCountyHousing Authority		<b>GrantTypeandNumber</b> CapitalFundProgramNo: MD06P01450101 ReplacementHousingFactorNo:				FederalFYofGrant:	
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
MD14/2&14/1	09/30/03	-0-	09/30/03	09/30/04	-0-	09/30/04	

[illegible]

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Wicomico County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MD06P01450102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <b>X Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non - CFP Funds				
2	1406 Operations	20,220.00	-0-	-0-	
3..	1408 Management Improvement	28,800.00	-0-	-0-	
4	1410 Administration	51,713.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,221.00	-0-	-0-	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	387,030.00	-0-	-0-	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				



<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHAName: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P01450102 Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <b>X Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	504,984.00	-0-	-0-	-0-
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHAName: Wicomico County Housing Authority		Grant Type and Number Capital Fund Program Grant No: MD06P01450102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Booth St., 14/1	Furnace Replacement	1460	100ea.	196,398.00	-0-	-0-	-0-	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Wicomico County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: MD06P01450102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	A&E	1430		11,080.00	-0-	-0-	-0-	
	Emergency System	1460	10ea.	11,200.00	-0-	-0-	-0-	
	Thermostats	1460	100ea.	8,600.00	-0-	-0-	-0-	
	Additional Dumpsters	1460	3ea.	1,800.00	-0-	-0-	-0-	
	Entrance Ways Front	1460	100ea.	15,410.00	-0-	-0-	-0-	
PHA Wide	Administration/Salaries (Executive Director, Deputy Director & Maintenance Supervisor)	1410		51,713.00	-0-	-0-	-0-	
Riverside Homes 14/2	Thermostats	1460	75ea.	6,450.00	-0-	-0-	-0-	
	Emergency System	1460.	75ea.	75,000.00	-0-	-0-	-0-	
	A&E	1430		4,063.00	-0-	-0-	-0-	
Scattered Sites 14/5	Pumphouse	1460.	10ea.	8,800.00	-0-	-0-	-0-	
	Thermostats	1460	90ea.	7,740.00	-0-	-0-	-0-	
	Front & Back Steps	1460.	85ea.	30,600.00	-0-	-0-	-0-	
	A&E	1430		827.00	-0-	-0-	-0-	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Wicomico County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: MD06P01450102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
New Nanticoke Homes 14/6	Furnace	1460	12ea.	24,000.00	-0-	-0-	-0-	
14/1 & 14/2 14/1  PHA Wide PHA Wide	Thermostats	1460	12ea.	1,032.00	-0-	-0-	-0-	
	A&E	1430		1,251.00	-0-	-0-	-0-	
	Computer Upgrade	1408		3,000.00				
	Alarm Upgrade	1408		800.00				
	Travel & Training	1408		25,000.00				
	Nondwelling Rental/Court Cost	1406		20,220.00				
			TOTAL	504,984.00				

  

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>								
PHAName:		<b>Grant Type and Number</b> Capital Fund Program No: Replacement Housing Factor No:						

[illegible]

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHAName:</b> Wicomico County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: MD06P01450102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

## B.HOPEVIandPublicHousingDevelopmentandReplacementActivities(Non -CapitalFund)

Applicability of sub -component 7B: All PHAs administering public housing. Identify any approved HOPEVI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Applicability of sub -component 7B: All PHAs administering public housing. Identify any approved HOPEVI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☒ No: a) Has the PHA received a HOPEVI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPEVI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development  
☐ Revitalization Plan submitted, pending approval  
☐ Revitalization Plan approved  
☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPEVI revitalization grant in the Plan year?  
If yes, list development name/s below:

☐ Yes ☒ No: d) Will the PHA be engaging in any mixed -financed development activities for public housing in the Plan year?  
If yes, list developments or activities below:

☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24CFR Part 903.79(h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

### 2. Activity Description

☐ Yes ☒ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition	<input type="checkbox"/>

Disposition <input type="checkbox"/>
3.Applicationstatus(selectone) Approved <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication <input type="checkbox"/>
4.Dateapplicationapproved,submitted,orplannedforsubmission: <u>(DD/MM/YY)</u>
5.Numberofunitsaffected: 6.Coverageofaction(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment
7.Timelineforactivity: a.Actualorprojectedstartdateofactivity: b.Projectedenddateofactivity:

**9. DesignationofPublicHousingforOccupancybyElderlyFamiliesorFamilieswithDisabilitiesorElderlyFamilies andFamilieswithDisabilities**

[24CFRPart903.79(i)]



Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)	
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	
6. Number of units affected:	

7. Coverage of action (select one)

☐ Part of the development

☐ Total development

## **10. Conversion of Public Housing to Tenant -Based Assistance**

[24CFR Part 903.79(j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

### **A. Assessment of Reasonable Revitalization Pursuant to Section 202 of the HUD**

### **DFY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

### **2. Activity Description**

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below w.

<b>Conversion of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment?
<input type="checkbox"/> Assessment underway
<input type="checkbox"/> Assessment results submitted to HUD
<input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)

<input type="checkbox"/> Other(explainbelow)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No:IsaConversionPlanrequired?(Ifyes,gotoblock4;ifno,goto block5.)
4.StatusofConversionPlan(selectthestatementthatbestdescribesthecurrent status) <input type="checkbox"/> ConversionPlanindevelopment <input type="checkbox"/> ConversionPlansubmittedtoHUDon:(DD/MM/YYYY) <input type="checkbox"/> ConversionPla napprovedbyHUDon:(DD/MM/YYYY) <input type="checkbox"/> ActivitiespursuanttoHUD -approvedConversionPlanunderway
5.Descriptionofhowrequirements ofSection202arebeingsatisfiedbymeansother thanconversion(selectone) <input type="checkbox"/> Units addressedinapendingorapproveddemolitionapplication(date submittedorapproved: <input type="checkbox"/> UnitsaddressedinapendingorapprovedHOPEVIDemolitionapplication (datesubmittedorapproved: ) <input type="checkbox"/> UnitsaddressedinapendingorapprovedHOPEVIRevitalizationPlan (datesubmittedorapproved: ) <input type="checkbox"/> Requirementsnolongerapplicable:vacancyratesarelessthan10percent <input type="checkbox"/> Requirements nolongerapplicable:sitenowhaslessthan300units <input type="checkbox"/> Other:(describebelow)

**B.ReservedforConversionspursuanttoSection22oftheU.S.HousingActof1937**

**SeeattachmentIonpage61ofthisdocument.**

<b>C.ReservedforConversionspursuanttoSection33oftheU.S.HousingActof1937</b>
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### **11.HomeownershipProgramsAdministeredbythePHA**

[24CFRPart903.79(k)]

ProjectMD14/4originatedin1970-71undertheoldSection23-Gpilotprogram.Theprojectoriginallyconsistedof25homes;todaythereisonlyone(1)homethatremainsontheprogram(thathasn'tbeensoldorpaidoff).

ThesehomeownerloanswerefinancedthroughHUData5%interestrateovera30yearperiod.

#### **A.PublicHousing**

ExemptionsfromComponent 11A:Section8onlyPHAsarenotrequiredtocomplete11A.

1. ☐ Yes ☒ No: Does the PHA administer any home ownership programs administered by the PHA under an approved section 5(h) home ownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any home ownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B. )

#### 2. Activity Description

Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name:
1b. Development (project) number:
2. Federal Program authority:

<input type="checkbox"/> HOPEI <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: <u>(DD/MM/YYYY)</u>
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

1. ☐ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants  
☐ 26 - 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

b. PHA - established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
 If yes, list criteria below:

## **12. PHA Community Service and Self -sufficiency Programs**

[24 CFR Part 903.79(l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8 - Only PHAs are not required to complete sub component C. YES -

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

☐ Yes ☒ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF Agency (select all that apply)

- X Client referrals  
 X Information sharing regarding mutual clients (for rent determinations and otherwise)

- ☐ Coordinatetheprovisionofspecificsocialandself -sufficiencyservicesan dprogramstoeligiblefamilies  
☐ Jointlyadministerprograms  
☐ PartnertoadministeraHUDWelfare -to-Workvoucherprogram  
☐ Jointadministrationofotherdemonstrationprogram  
☐ Other(desc ribe)

## B. Servicesandprogramsofferedtoresidentsandparticipants

### (1)General

#### a.Self -SufficiencyPolicies

Which,ifanyofthefollowingdiscretionarypolicieswillthePHAemploytoenhancetheeconomicandsocialself -sufficiencyofassisted familiesinthefollowingareas?(selectallthatapply)

- ☒ Publichousingrentdeterminationpolicies  
☒ Publichousingadmissionspolicies  
☐ Section8admissionspolicies  
☐ Preferenceinadmissiontosection8forcertainp ublichousingfamilies  
☐ Preferencesforfamiliesworkingorengagingintrainingoreducationprogramsfornon -housingprogramsoperatedorcoordinatedby thePHA  
☐ Preference/eligibilityforpublichousinghomeownershipop tionparticipation  
☐ Preference/eligibilityforsection8homeownershipoptionparticipation  
☐ Otherpolicies(listbelow)

#### b.EconomicandSocialself -sufficiencyprograms

X Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHA main office/ other provider name)	Eligibility (public housing or section 8 participants or both)
<i>SUPERPANTRY</i>	<i>10</i>	<i>NEW RESIDENTS</i>	<i>PHA OFFICE</i>	<i>BOTH</i>
AFTERSCHOOL TUTORING	20	CHILDREN	Community Room	BOTH

## (2) Family Self Sufficiency program/s

### a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants	Actual Number of Participants



	(start of FY 2000 Estimate)	(As of: DD/MM/YY)
Public Housing		
Section 8		

- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plan to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

### C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- ☒ Informing residents of new policy on admission and reexamination
- ☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☒ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

### **13.PHASafetyandCrimePreventionMeasures**

[24CFRPart903.79(m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☒ High incidence of violent and/or drug -related crime in some or all of the PHA's developments
- ☒ High incidence of violent and/or drug -related crime in the area surrounding or adjacent to the PHA's developments
- ☒ Residents fearful for their safety and/or the safety of their children
- ☒ Observed lower -level crime, vandalism and/or graffiti
- ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual level of violent and/or drug -related crime
- ☐ Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☒ Safety and security survey of residents

- X Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- X Resident reports
- X PHA employee reports
- X Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anti-crime/anti-drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

14/1 BOOTH STREET TOWNHOUSES

14/2 RIVERSIDE HOMES

### **B. Crime and Drug Prevention activities the PHA has undertaken or plan to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plan to undertake: (select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime -and/or drug -prevention activities
- ☐ Crime Prevention Through Environmental Design
- X Activities targeted to at -risk youth, adults, or seniors
- X Volunteer Resident Patrol/Block Watchers Program
- X Other (describe below)

**CONTACT WITH & INTERVENTION BY THE WICOMICO COUNTY SHERIFF'S DEPARTMENT, IE, BIKE PATROL AND EXTRA CAR PATROLLING IN THE DEVELOPMENT.**

2. Which developments are most affected? (list below)

**14/1 BOOTH STREET TOWNHOUSES**

### **C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug elimination plan  
☐ Police provide crime data to housing authority staff for analysis and action  
☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)  
☐ Police regularly testify in and otherwise support eviction cases  
☒ Police regularly meet with the PHA management and residents  
☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services  
☐ Other activities (list below)

2. Which developments are most affected? (list below)

14/1 BOOTH STREET TOWN HOUSES

#### **D. Additional information as required by PHDEP/PHD EP Plan**

PHA eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?  
☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?  
☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_ )

**14. RESERVED FOR PET POLIC Y**

[24 CFR Part 903.79(n)]

#### **15. Civil Rights Certifications**

[24CFRPart903.79(o)]

CivilrightscertificationsareincludedinthePHAPlanCertificationofCompliancewiththePHAPlansandRelatedRegulations.

## **16.FiscalAudit**

[24CFRPart903.79(p)]

1. X Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
2. Yes X No: Was the most recent fiscal audit submitted to HUD?
3. X Yes No: Were there any findings as the result of that audit?
4. X Yes No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_
5. Yes X No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

The 2001 Audit is being reviewed by the Fee Accountant and will be submitted upon corrections and changes to REAC.

## **17.PHA Asset Management**

[24CFRPart903.79(q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes X No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - X Not applicable
  - ☐ Private management
  - ☐ Development-based accounting

- ☐ Comprehensive stock assessment  
☐ Other: (list below)

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24CFR Part 903.79(r)]

### **A. Resident Advisory Board Recommendations**

1. ☐ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- ☐ Attached as Attachment (Filename)  
☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary.  
☐ The PHA changed portions of the PHA Plan in response to comments  
 List changes below:  
☐ Other: (list below)

**B. Description of Election process for Residents on the PHA Board**

1. Yes X No: Does the PHA meet the exemption criteria provided in section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes X No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

**3. Description of Resident Election Process****a. Nomination of candidates for place on the ballot: (select all that apply)**

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- X Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

**b. Eligible candidates: (select one)**

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- X Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

**c. Eligible voters: (select all that apply)**

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations

X Other: Wicomico County Council

**ALL RESIDENTS WERE INVITED TO ATTEND A MEETING AND SIGN UP TO SERVE AS A RESIDENT ON THE BOARD. THE NAMES, FIVE EACH, WERE GIVEN TO THE COMMISSIONER TO GIVE TO THE COUNTY COUNCIL. THE COUNCIL THEN APPOINTED THE NEW RESIDENT COMMISSIONER.**

### **C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) THE STATE OF MARYLAND

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan an/s.

☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

None

### **D. Other Information Required by HUD**



### **Definition of “Substantial Deviation” and “Significant Amendment” (903.7r). ”**

The Wicomico County Housing Authority is required to notify the Resident Advisory Board, The Board of Commissioners, and the U.S. Department of Housing and Urban Development of any “Substantial Deviation” or “Significant Amendment or Modification” to the current Annual Statement. As work progresses, the Housing Authority recognizes that conditions may change from time to time from the original anticipated project, that there may be changes to certain rent and admissions policies, and that there may be a need to change programs and activities. The Housing Authority recognizes its duty and responsibility to the residents, Resident Advisory Board, and to the general public to notify them of a substantial deviation or significant amendment or modification in items.

Accordingly, the Wicomico County Housing Authority hereby defines “Substantial Deviation” and “Significant Amendment or Modifications” as actions that cause:

1. Change to rent or admissions policies or organization of the waiting list;
2. Addition of non-emergency work items (items not included in the current Annual Statement or Five-year Action Plan) or changes in use of replacement reserve funds under the Capital Program;
3. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.
4. The definition states that any PHA changes to the policies or activities described in the Plan will be subject to a full public hearing and HUD review before implementation; and
5. The definition states that an exception to this definition will be made for any amendments or modification that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

**A. Substantial Deviation from the 5-year Plan: None**

**B. Significant Amendment or Modification to the Annual Plan: None**

Use this section to provide any additional information requested by HUD.

## **RESIDENT SURVEY: FOLLOWUP PLAN**

**The Wicomico County Housing Authority residents did not show any concern for the following:**

**COMMUNICATION:** Since we did not have any response to our scheduled meeting of 6/26/01, we will continue to inform residents and the community by newsletter, flyers and memo's.

**SAFETY:** All resident screening is performed including NCIC checks (our residents probably don't actually have any idea what is entailed in our screening). We have contacted the local law enforcement agencies and asked for additional patrol through the projects at different times of the day and also requested that they make at least two trips through the projects on each shift. Our sheriff department agreed.

**APPEARANCE:** We will continue to maintain the grounds and properties of all our units as we have in the past. We will urge all residents to do the same.

Use this section to provide any additional attachments referenced in the Pla

Attachment A

**ASSESSMENT OF DEMOGRAPHIC CHANGES IN PUBLIC HOUSING DEVELOPMENTS WITH SITE – BASED**

**WAITING LISTS:** Base on our

Multifamily Tenant Characteristics System as of March 2003 there has been no changes in racial, ethnic or disability related tenant composition.

## AttachmentB

FY2003CAPITALFUNDPROGRAMANNUALSTATEMENT:TheCapitalFundAnnualStatementisonpage30ofthis document.

AttachmentC:COMMUNITYSERVICE:REENACTMENTEFFECTIVE9/2003.

## COMMUNITYSERVICE

## PROPOSEDRULE

**Changes to Admission and Occupancy requirements in the Public Housing Program; Proposed Rule**  
**Community Service offers public housing residents an opportunity to contribute to the communities that support them. Community service is service for which the individual volunteers.**

\*\*\*\*\*

## ACTIVITIES:

**The Housing Authority will not limit community service to a single type of activity and/or a single location in which the activity is to be performed.**

**Physical environment of the resident's development, volunteer work in a local school, hospital or child care center working with youth organizations, helping**

**neighborhood group on special projects, or participation in programs that develop and strengthen residents self and alcohol abuse counseling and treatment, household budgeting and credit counseling, and English proficiency -responsibility such as drug**  
**accomplishing community service. y are possible means of**

**The 1998 Acts specifically prohibit political activity as community service.**

## Community Service Cont.

### ADMINISTER SERVICE

Each non-exempt adult public housing resident must contribute eight (8) hours for each month of community service or participate in a self-sufficiency program for 8 hours in each month. -

This PHA will ensure that its own community service programs as well as program and contracts with third parties are accessible for persons with disabilities.

Instead of managing the entire process, a PHA could link residents with agencies seeking volunteers. Under this approach, the PHA's administrative duties would be limited to monitoring the appropriateness of the service and confirming a resident's participation.

Another alternative is for the PHA to contract with another entity to run the community service program. The contract entity would then perform all necessary administrative functions. The PHA would be responsible to assure contract compliance. PHA's must follow their procurement policies and 34 CFR 85.36 to contract out their community service programs.

When for-profit third party contractors are used, the PHA should ensure that the Administrator overseeing the program does not have a financial interest in the entity where community service participants are assigned. The PHA also should ensure that the conditions under which the work is to be performed are not otherwise hazardous, that the work is not labor that would be performed by the PHA's employees responsible for essential maintenance and property services, or that the work is otherwise unacceptable. The Senate Committee Report on this provision noted that community service is not to be perceived as punitive or demeaning activity, but rather community services should be considered as rewarding activity that will assist residents in improving their own and their neighbor's economic and social well-being and give residents a greater stake in their communities.

## Community Service Cont.

### GEOGRAPHIC LOCATION:

The location includes PHA owned property and the community at large, which is the Wicomico County, Maryland. Congressional intent is that residents provide service to their own communities.

### EXEMPTIONS:

Exemptions include adults who are 62 years of age or older, persons with disabilities, persons engaged in work activities (as defined by section 407(d) of the Social Security Act), and persons participating in a welfare to work program, or receiving assistance from and in compliance with a State program funded under part A, title IV of the Social Security Act. (For purposes of the community service requirement, an adult is a person 18 years or older.)

This PHA will determine and document residents' exemptions. The PHA will re-verify an adult's exemption status annually. There are, of course, obvious exceptions. For example, an individual exempt by being over 62 years in age would not need re-verification.

Residents must be permitted to change exemption status during the year if their situation changes. For example, unemployed residents if they find work or start a training program.

Persons eligible for a disability deduction are not necessarily automatically exempt from the community service. The 1998 Act defines "disability" very narrowly for the purpose of the community service requirement. Further, the Act states that a person is exempt only to the extent the disability makes the person "unable to comply" with the community service requirement. The Housing Authority must ensure that the community service and self-sufficiency programs are accessible to persons with disabilities.

**ThisPHAwilldocumentallexemptionsfortheresident'sfile.  
CommunityServiceCont.**

**ThisPHAwillfollowthesamestandards ofdocumentationforexemptionsastheydo forotherverifications.**

### **LEASE REQUIREMENTS:**

**Underthe1998Act,publichousingleasesmusthave12monthterms.Theleasemustbeautomaticallyrenewableexceptfor noncompliance withthecommunity servicerequirements.Anannualsigningprocessisnotnecessary.**

**Thepublichousingleasealsomustprovideforterminationandevictionfor noncompliancewiththecommunityservicerequirements.Any leasechanges(includingaddenda)mustbemadainaccordancewiththeprovisions of24CFR966.3,includingnoticetotenantsand opportunityforcomment.**

**TheHousingAuthoritywillimplementthisprovisionforeachfamilyatthefamily'snextregularlyscheduledannualreexaminationonor afterOctober1 ,1999,andforfamiliesadmittedafterOctober1,1999.**

**ThisPHAwillnotreneworextendtheleaseif ahouseholdcontainsanonexemptadultwhohasfailedto complywiththecommunityservice requirements.**

### **DOCUMENTATION:**

**Reasonabledocumentation mustbeprovidedtoverifythecommunityservicerequirements.Thedocumentationmustbeplacedinthe resident'sfileatthetimeofreexamination.**

**Community Service Cont.**

**NONCOMPLIANCE:**

**The Housing Authority will determine, on an annual basis, if non-compliant residents are in compliance. The PHA will permit non-compliant families to correct the noncompliance, and will require the non-compliant adult and the head of household to sign an agreement to make up the hours needed within the next 12 month period.**

**Continued noncompliance will result in eviction of the entire family, unless the non-compliant family member is no longer a part of the household.**

**Attachment D: PET POLICY The implementation and effective dates for the new pet policy is May 15, 2001.**

*Wicomico County Housing Authority*

*Resolution # \_\_517\_\_*

*Amendment to*

*Pet Policy*

*For all Public housing and federally subsidized housing participants, and pursuant to the Federal Register date 7/10/00, specifically 24 CFR Part 860, Pet ownership in Public Housing Final Rule, the following changes to the existing policy are hereby incorporated;*

**Rules for Pet Owners**

- 1. Pets will be limited to dogs and cats, with dogs weighing less than 30 lbs. limited to two (2) in number and be housed in the same cage.*
- 5. Refuse from pets must be cleaned from yard on a daily basis. All refuse must be placed in a sturdy plastic trash bag, closed tightly, and deposited in a trash facility.*

***Pet Policy cont.***

- 6. Pet owners will be responsible for any damage to lawns, shrubs, and trees. If an inspection shows that there has been some damage to lawns, shrubs, and trees, the head of household will be given thirty days to bring lawns, shrubs, and trees back to their original state. If in 30 days they have failed to do so, the Housing Authority will complete the work and charge the tenant. Failure by the head of household to pay this charge when it is due will mean that the tenant will forfeit their privilege of having a pet, in addition to their having to pay the charge. Damage to units will be repaired by the Housing Authority. Failure to pay this charge when it is due will mean that the tenant will forfeit their privilege of having a pet, in addition to their having to pay the charge, repeated damage to the unit by the tenant's pet will mean revoking of their privilege to have a pet.*
- 7. All heads of households will be responsible for the behavior of the pet. Failure to make the pet behave in a docile fashion, will cause the tenant to forfeit their privilege of having a pet.*
- 8. An additional deposit of \$200.00 will be required. The deposit will be due in full at time of initial occupancy, and will be non-refundable.*
- 9. In the event of an emergency and the owner is unable to take care of his pet, there must be on record the name of a responsible party who has been designated to take care of the pet. Failure of this person to do so will mean that the pet will be turned over to the humane Society and the owner will be notified of this action.*



## AttachmentE

## RESIDENTMEMBERSHIPOFTHEPHAGOVERNINGBOARD:

Ms.DelorisWatsonwasappointedamemberoftheWicomicoCountyHousingAuthorityBoardofCommissionerson  
March18,2003;theterminationdateismarch18, 2008.

## AttachmentF:

## MEMBERSHIPOFTHERESIDENTADVISORYBOARD:

MS.VioletDashiell	RiversideHomesfortheElderly
Ms.EthelDashiell	RiversideHomesfortheElderly
Mr.RobertMartin	GatewayVillage/Section8Participant
Ms.RuthJones	GatewayVillage/Section8Participant
Mrs.TheresaAlston	BoothStreetApartments
Ms.WilhelminiaFarrare	BoothStreetApartments

## AttachmentG

Progressinmeetingthe5 -YearPlanMissionandGoals:

Goal#1:

Wehada97%occupancyratePHAwidein2002.

TheSEMAP2001wasoutofWCHA'scontroland2002wasanonsubmissionbecauseoflatesubmission,afterduedate. Howeverourgoalisstill90%.PHAS2000score67,howeverourgoalisstill90%.

Callbacksondailyworkordershavebeenreducedto“0”,duetoclosermonitoringorcompletedworkorders.

Althoughareductioninexpenseshasoccurred,asignificantincrease inthereservelevelisnotnoticeableatthispoint.

ThePHAdistributesalistoflandlordsforperspective tenants;priorcontacthasbeenmadewiththeselandlordstoinsurethey are receptive to the program.

Programinformationhasbeenmailedtolandlords,whichwouldincludechangesastheyoccur.

WicomicoCountyHousingAuthorityhavesenttwo(2)Occupancypersonneltobecertifiedtheyarethefollowing:Narcinda Church:CertifiedOccupancySpecialistonApril12,2000&CelesteHamilton:CertifiedOccupancySpecialistonApril12, 2000.AttheNationalCenterforHousingManagement.

This Housing Authority has no plan to acquire or build new developments at this time.

Goal#2:

As the PHA utilizes its waiting list & places applicants on a time & date basis, deconcentration and income mixing has not been successful to this point. It is the intent of the Authority to work on a 20%/50%/30% income/rent -paying ability range to see progress in these two areas. That is to say that 20% of PHA stock will be designated for moderate higher income households, 50% will be designated for low income households, and 30% will be designated for very low income households. This goal was adopted/implemented Oct. 16, 2002.

The tenant orientation classes are conducted up to 3 times per year & are designed to provide new residents with empowerment skills through services provided by local agencies & organizations.

The Wicomico County Sheriff's department is still patrolling the 14/1 development and the surrounding community. They also report to this Office any problems concerning the Housing Authority and our units.

Goal#3:

Continuetoprovideoratractsupportiveservicestoimproveassistancerecipients'employabilitythroughtenant orientationprog ramrequiredofallincomingassistedhousingresidents.Thisprogramisrequired byallnewheadofhouseholdmembers.Wediscussbudgets,shopping,house keepingskills,childrearing,jobsearch,fillingoutjobapplicationsetc.duringthetenweekprogram.

WenolongerhavetheG.E.D.locatedatthisoffice.Howeverourresidentshavebeennotifiedthattheycouldgotoa localchurchforclasses.  
TheG.E.D.teacheristeachingatthechurch.

Goal#4:

Continuetoundertakeaffirmative measurestoensureaccesstoassistedhousingregardless ofrace,color,religion, nationalorigin,sex,familialstatus,anddisability.

AttachementH

**AMENDMENT TO  
PHA ADMISSIONS AND OCCUPANCY POLICY  
FEDERAL REGISTER  
DECEMBER 22, 2000 / RULES & REGULATIONS  
DECONCENTRATION OF POVERTY & INCOME MIXING  
FINAL RULE**

**Table Library**

### **Wicomico County Housing Authority**

**In compliance with the Federal Register dated December 22, 2000 Final Rule, the following Provisions shall be included in the Housing Authority's Public Housing Admissions & Occupancy Policy.**

**The Wicomico County Housing Authority will provide in its Admissions & Occupancy Policy:**

**(A) Providing incentives designed to encourage families with incomes above the Established Income Range to accept units in developments with incomes below the Established Income Range; Incentives to accomplish this may include the following:**

**1. Waiver of Security Deposits.**

**2. Delay of rent increase from 60 to 120 days when income increases.**

**3. Enhancement of rental property.**

**(B) Establishing a preference for admission of working families in developments below the Established Income Range.**

**(C) Skipping a family on the waiting list to reach another family in an effort to further the goals of the PHA deconcentration policy;**

**(D) Providing such other strategies as permitted by statute and determined by the PHA in consultation with the residents and the community, through the PHA Annual Plan process, to be responsive to the local context and the PHA strategic objectives.**

### **Attachment I : Voluntary Conversion of Public Housing Development Analysis**

- a. How many of the PHA's developments are subject to the Required Initial Assessments?  
 Each: MD1401 – Booth Street, MD1405 – Scattered Sites, MD1406 – New Homes .

- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

**1 each: MD1402 – Riverside Homes (Elderly)**

- c. How many Assessments were conducted for the PHA's covered developments?

**1 each (PHA wide)**

- d. Identify PHA developments that may be appropriate for conversion based on the

Required Initial Assessments:

**None**

Development Name	Number of Units

- d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments::

#### **Attachment J:**

**Most recent board -approved Operating Budget is on file in this office.**

**A copy has also been sent to the Baltimore HUD Office (Carol Weber)**

#### **PHA Plan**

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## TableLibrary

### Component7

#### OptionalTablefor5 -YearActionPlanforCapitalFund(Component7)

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA-widephysicalormanagementimprovementsplannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludetheinformationfromYearOneofthe5-Yearcycle,because this information is included in the Capital Fund Program Annual Statement.

Optional5 -YearActionPlanTables				
Development Number	DevelopmentName (orindicatePHAwide)	Number Vacant Units	%Vacancies inDevelopment	
DescriptionofNeededPhysicalImprovementsorManagement Improvements			Estimated Cost	PlannedStartDate (HAFiscalYear)
Totalestimatedcostovernext5years				

## Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition/disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>